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PROCESSING CASH OVERPAYMENT COLLECTIONS

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EIS 3250 - PROCESSING CASH OVERPAYMENT COLLECTIONS  
REISSUED 10/1/02 - CHANGE NO. 02-03

I. GENERAL INFORMATION

Use the DSS-1656, Refund Receipt, when recipients in money payment programs make refunds in the form of cash or a check. Handwrite each item on the form. Do not type. See Figure 1 for a sample of the form. Complete the DSS-1656 as follows:

- A. Enter the COUNTY NAME at the top of the form.
- B. Enter the COUNTY CASE NUMBER that is applicable for the overpayment period.
- C. Enter the two digit COUNTY NUMBER for the county collecting the refund.
- D. Enter the eight digit CASE ID which applies to the overpayment period.
  - 1. If the case is inactive and you do not know the eight digit CASE ID, use the Name Search Inquiry to determine the Case ID. See Name/Social Security Number Search, Section 1056, for inquiry instructions.
  - 2. For Energy Assistance, enter the Energy Number which applies to the overpayment period.
- E. Enter the CASEHEAD/PAYEE NAME. Use the name of the person who acted as payee for the case during the period of time in which the overpayment occurred.
- F. Mark the appropriate REASON FOR REFUND. Mark only one box.
- G. Mark the appropriate AID PROGRAM. Enter the aid program in which the overpayment occurred.
  - 1. Mark only one box.
  - 2. Do not mark IV-E or N.C. ADOPTION FUND.
  - 3. No entry is required for Energy Assistance.
- H. Mark the appropriate AID CATEGORY. Enter the aid category in which the overpayment occurred.
  - 1. Mark only one box.
  - 2. Do not mark ADOPTION SUBSIDY or ADOPTION SUBSIDY GRF. ST.
- I. Enter the total REFUND AMOUNT.

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- J. Enter the individual making the refund in RECEIVED FROM, if not the payee.
- K. Do not enter QUALITY CONTROL #.
- L. Enter an OVERPAYMENT PERIOD FROM and THRU DATE for each overpayment period.
  - 1. If there are more than eight periods, use the back of the yellow copy of the form to indicate the additional periods.
  - 2. If using the back of the form, write "over" above the OVERPAYMENT PERIOD box.
- M. The county director or his designee must sign the form in the COUNTY DIRECTOR'S SIGNATURE field.
- N. Enter the DATE the form is signed.

**II. DISTRIBUTE THE COPIES OF THE DSS-1656 AS FOLLOWS:**

- A. Give the white copy to the individual making the refund.
- B. Retain the yellow copy until the end of the month. Attach a check for the full amount of all refund receipts, and mail to the:

**Program Benefits Payment Section  
2109 Mail Service Center  
Raleigh, NC 27699-2109**

- C. Forward the green copy of the form to your County Fiscal Officer.
- D. Retain the buff copy in the case record.